

## **IMPLEMENTING MANDATORY USE OF ORDER SETS**

Hospitals struggle with issues of compliance, or at least the issue of documenting compliance. Many have found that the solution lies in the consistent use of order sets, especially if those order sets are electronic and/or include prompts for documentation of care or non-compliance. While order set use may be mandated, ultimately physician cooperation and compliance is dependent upon their acceptance of best practice protocol and the understanding that documentation compliance helps everyone: themselves, the patient, the hospital, and the abstractor.

### **BEST PRACTICE**

#### **Physician / Staff Compliance**

#### **Mandated Use of Easily Revised and Accessible Custom Order Sets**

Hospital:	<p>Hazleton General Hospital, Hazleton, PA (HF module)</p> <ul style="list-style-type: none"><li>• 150 beds</li><li>• HF is #1; 75-80% of admissions</li><li>• Older population</li><li>• <b>No GWTG Physician Champion</b></li></ul>
Participant:	Michelle Cassic, Director of Education
Overview:	<p>With the introduction of core measures Hazelton's Quality Management department developed an order set based on those being used by other facilities. Physicians resisted its use for two reasons: a) it wasn't customized to Hazelton's operation; and b) physicians perceived it as mandating a form of "cookbook" medicine.</p> <p>Order sets were customized for Hazelton General, with the expectation that there would be occasional changes.</p> <p>Through participation in the ABC (Accelerating Best Care) module, one of the barrier to implementing the changes necessary was the length of the forms approval process. A Forms sub-committee was formed to review the process. Eliminating some of the pre-existing approval layers, quickly facilitated ongoing tweaking and other necessary changes.</p> <ul style="list-style-type: none"><li>• In addition, order sets are stored on the hospital intranet (as opposed to being pre-printed) so that they can be accessed as needed, with no wasted expense or excessive time required when changes are necessary.</li></ul> <p>Compliant use of the revised order sets was encouraged through education about best practices, and ultimately enforced by an "empowered" Medical Executive Committee with a strict "3 strikes you're out" accountability rule.</p> <p>The result has been a changed culture, from physician resistance to interactive team work, with good communication between the various team members.</p>

Process:	<p>As there is no Physician Champion at this hospital, the VP of Medical Affairs championed the revised forms approval process:</p> <ul style="list-style-type: none"> <li>• Order set revisions are developed by a small committee consisting of quality management department, nursing leadership, the medical director, and herself (education).</li> <li>• Revisions are submitted to Forms sub-committee with deadlines and priority given to order set forms/changes facilitate speedy approval.</li> </ul>
Implementation:	<p>Implementation was described as a <b>slow process</b> with learning curves for both physicians and nurses</p> <ul style="list-style-type: none"> <li>• Use of order sets initially voluntary, then mandatory (considered a driving force for compliance). Slowly accepted as no physician wants to be labeled noncompliant</li> <li>• Nurse responsible for placing bright CHF stickers on charts as reminders</li> </ul>
Tools:	<p>Compliance relies on computer access for order sets and documentation</p> <ul style="list-style-type: none"> <li>• Order sets available on the intranet, with the latest version to be downloaded as needed <ul style="list-style-type: none"> <li>◦ Essentially a Word document template that incorporates paper documentation elements</li> <li>◦ Eliminates need to pre-print order sets – especially helpful as changes are made to the template</li> </ul> </li> <li>• The system allows for a documentation log between departments</li> </ul> <p>Also used are bright CHF stickers to identify CHF charts.</p>
Education:	<p>Education is focused on the importance of core measures:</p> <ul style="list-style-type: none"> <li>• Evidence-based and nationally accepted; beyond Hazelton</li> <li>• Supporting documents and articles lend credence to effort</li> </ul>
Compliance Communication:	<p>“Three strikes, you’re out” rule:</p> <ol style="list-style-type: none"> <li>1. On first occasion receive phone call from VP of Medical Affairs</li> <li>2. Repeat offender must appear before Medical Executive</li> <li>3. Third offense leads to suspension of privileges</li> </ol>
Impact:	<p>Improved compliance evident after 3-4 months following mandatory use of computerized forms which, all in all, make life easier – and which now none would give up:</p> <ul style="list-style-type: none"> <li>• Physicians: just review, sign, date; no legibility issues or incorrect abbreviations.</li> <li>• Nurses: All items/elements in front of you, unlikely to miss</li> </ul>

	<p>anything</p> <p>Easier abstraction from computerized forms also resulted, with abstractors knowing where to look for data</p>
Advice:	<p>Communicate rationale for change (evidence based) in order to facilitate easier acceptance</p>

## 2. Compliance through Education and Documentation/Reminder Tools

Hospital:	St. Vincent Health Center, Erie, PA (Stroke module) <ul style="list-style-type: none"><li>• 410 beds; 40 stroke/month</li></ul>
Participant:	Melanie Henderson, Stroke Outcome Care Manager
Overview:	<p>As the hospital worked toward stroke certification a number of initiatives were implemented to facilitate JC and GWTG compliance. In each case the relevant units were consulted for input as a courtesy, but also to facilitate a sense of ownership that would lead to documentation compliance.</p> <p>Importantly, the process for revising any procedure was positioned and communicated as a team effort with the ultimate goal of helping the physician/nurse not only improve patient care, but <i>prove</i> that they were (already) doing a great job (nursing and nurse leadership were reported as <i>excited</i> that they would be able to document their excellence of care).</p> <p>Initiatives discussed included:</p> <ul style="list-style-type: none"><li>• Revised order sets (necessary for improved documentation of care)</li><li>• Hospital-wide stroke education effort</li><li>• Hospital-wide dysphagia screens</li><li>• “Just-in-time” education interventions</li></ul> <p>The initiatives paid off with improved compliance, particularly for dysphagia screens. Key to this hospital’s success is a sense of mutual respect and a culture that promotes physician approachability.</p>
Process / Timeline	<p>Revised order set took about 4-5 months.</p> <p>Went to individual units/departments to obtain reaction to revised tools and changed processes; <i>“how to make it easier for them.”</i></p> <ul style="list-style-type: none"><li>• Interdisciplinary team’s input was limited to just those parts that apply to them (nursing, hospitalists, ED, neurologists, ST, etc.).</li><li>• Departmental input led to improved understanding and likelihood of use.</li></ul>
Implementation:	<p>Order sets not mandatory</p> <ul style="list-style-type: none"><li>• 100% usage for TIA</li><li>• 75% usage for non hemorrhagic stroke: she knows to review these particular charts</li></ul>

Education:	<p>There were multiple efforts to educate and communicate revised procedure, including:</p> <ul style="list-style-type: none"> <li>• House-wide education, with more information to stroke units</li> <li>• Interdisciplinary team takes information back to own units</li> <li>• New indicators communicated via education and in-service opportunities, team meetings, general/physician/nursing newsletters</li> <li>• Letters to outer physicians describing changes with in-person follow-up</li> <li>• Distribution of tip sheets (dysphagia screens)</li> <li>• New nursing orientation: stroke lectures include exact replicas of teaching tools and care plans (preceptors follow-up) <ul style="list-style-type: none"> <li>○ Stroke floor new nurses care for 2 stroke patients during orientation</li> <li>○ Non-stroke nurses better prepared to recognize and care for in-patient strokes (provided with laminated card)</li> </ul> </li> </ul>
Tools:	<p>Several developed to facilitate care</p> <ul style="list-style-type: none"> <li>• Two order sets (TIA; non-hemorrhagic)</li> <li>• Physician reminder sheets (bright green) which list standards of care</li> <li>• Laminated badge cards (aids for non-stroke clinicians)</li> <li>• Tip sheets (e.g. dysphagia screen)</li> </ul>
Compliance Communication:	<p>Various methods are employed, including:</p> <ul style="list-style-type: none"> <li>• Reminder sheets to request follow-through on items forgotten or not documented</li> <li>• “Just-in-time” education: catch nurse/physician at time of concern; address it while fresh in their mind</li> </ul>
Impact:	<p>There has been enthusiastic acceptance of order sets along with improved awareness of overall dysphagia screen need</p> <ul style="list-style-type: none"> <li>• 90% compliance with dysphagia measure within one month</li> <li>• ST receiving fewer inappropriate non-stroke patient referrals</li> </ul>
Advice:	<p>Education:</p> <ul style="list-style-type: none"> <li>• Take time to educate everyone ahead of time regarding changes to come.</li> <li>• Implement a continuous education program to avoid complacency and performance slips.</li> </ul> <p>Communication:</p>

	<ul style="list-style-type: none"><li>• Requires constructive communication skills</li></ul>
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